

**PATENT NUMBER**

## U.S. UTILITY Patent Application

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|-----------------------------------|-------------|
| N-S. O.I.P.E.                     | PATENT DATE |
| SCANNED <u>amw</u> Q.A. <u>me</u> |             |

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|------------------------------|-------------------|--------------|------------------|------------------|-------------------|
| APPLICATION NO.<br>09/465802 | CONT/PRIOR<br>YES | CLASS<br>435 | SUBCLASS<br>7.23 | ART UNIT<br>1642 | EXAMINER<br>UNGAR |
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## APPLICANTS

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73630

**TITLE**

ALTERNATIVE SPLICING OF FIBROBLAST GROWTH FACTOR RECEPTOR 2 MRNA IN PROSTATE CANCER

PTO-2040  
12/99

CPA

[illegible]

|   |   |             |                                   |              |
|---|---|-------------|-----------------------------------|--------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>   |             | <b>CLAIMS ALLOWED</b>             |              |
|   | Sheets Drwg.  | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____ (Assistant Examiner) _____ (Date)   |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
|   | <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br>_____<br>_____ |             | <b>ISSUE FEE</b>                  |              |
| Amount Due  |   |             | Date Paid                         |              |
| <input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.  | _____ (Primary Examiner) _____ (Date)<br>_____ (Legal Instruments Examiner) _____ (Date)  |             | <b>ISSUE BATCH NUMBER</b>         |              |
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